

## EDUCATION AND TRAINING VOUCHER APPLICATION

Follow all directions and answer each question completely, to the best of your ability.

Do NOT sign application certification until all information is complete (see "check list" at end of form).

Mail completed and signed application to:  
**AzETV Coordinator (per instructions) OR**  
ILP Coordinator  
1818 E. Southern Rd.  
Suite 17B  
Mesa, AZ 85204  
Tel: (480) 545-1901 ext.2042

### FOR OFFICE USE ONLY

Date Application  
Received: \_\_\_\_\_

Total Amount Granted:  
\_\_\_\_\_

Date(s) /Amount Disbursed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please check one:

\_\_\_New Application (first time applying for **Education/Training Voucher**)

\_\_\_Renewal Application (**shaded areas only** for continuing voucher recipient)

### #1 APPLICANT INFORMATION

Provide the following information about yourself:

Name (Last, First, MI)		Birth date (Mo/Day/Yr)	
Current Address: <i>(Include separate mailing address, if different)</i>			
Mailing Address:			
Phone No.                      Email address:		Alternative Phone No. <i>(voice mail /msg. #)</i>	
Social Security No.		Currently in Foster Care: <i>(includes IL subsidy)</i>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ward of the State of Arizona From: ____-____-____ To: ____-____-____		Ward of <b>Other State</b> , Tribal or Private Foster Care Program: _____ From: ____-____-____ To: ____-____-____	
Most Current Case Manager: Name: _____		Case Manager's Phone No. (____) ____-_____	
Did you participate in the Young Adult Program (YAP)?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you adopted from foster care? <i>(For statistical use only)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes                      Age adopted: ____	
Gender <i>(For statistical use only)</i>  <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity <i>(For statistical use only)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Other: <input type="checkbox"/> Asian	

**#2 EDUCATION AND TRAINING**

Complete this section for new applications only. List high schools, GED programs, vocational, trade or other schools previously attended, including dates attended, degree or diploma awarded, and date received. Attach additional sheets if necessary.

<b>A. High School/GED Program:</b>  Name of last school attended: _____	Did you receive your high school diploma or GED?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Date: _____	Are you currently enrolled?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Grade completed: <input type="checkbox"/> 8 <sup>th</sup> or below <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> Postsecondary <input type="checkbox"/> Other: _____
<b>B. Vocational, Trade or other Program(s):</b>	City and State	Dates Attended	Degree/Diploma and date received

**#3 Please note any barriers to your completion of, or enrollment in, a postsecondary program:**

- ☐ Childcare     
 ☐ Employment     
 ☐ Preparation/Organization  
☐ Transportation     
 ☐ Mentor Support     
 ☐ Mental Health Needs  
☐ Study Skills     
 ☐ Special Education Needs \_\_\_\_\_  
☐ Other (Please be specific) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**#4 Mentors**

Are you currently involved with a mentor? ☐ Yes ☐ No

Would you like to become involved with a mentor? ☐ Yes ☐ No (If you mark "yes", the AzETV Coordinator will contact you to discuss currently available resources and assist you to make arrangements to become involved in a mentor program.)

## #5 PROPOSED SCHOOL/PROGRAM INFORMATION

For renewals, update only those sections that apply. Provide the following information about the school, college, university, course of study, or program to which you are applying or have applied.

Name of School/Program		
Address of School/Program		
Description of School/Program  <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Community College <input type="checkbox"/> Voc/Tech School less than 1 year <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Voc/Tech School greater than 1 year Is this program accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Course of Study (medical, accounting, nursing, biology, general, etc.)		
Please state your specific education/vocational training goal (e.g. My goal is to earn my massage certification and become employed at a local resort or spa).		
Proposed Start Date:  _____	Attendance <input type="checkbox"/> Part Time # credits/hrs. _____ <input type="checkbox"/> Full Time # credits/hrs. _____ <input type="checkbox"/> Other # credits/hrs. _____	Proposed Completion Date:  _____
Financial Aid Officer (or other school contact):		Phone No.
Have you applied to school/program?  <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been accepted? (If yes, attach letter of acceptance)  <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant is applying for voucher/assistance for: (mark all that apply)  <input type="checkbox"/> For Fall <input type="checkbox"/> For Spring <input type="checkbox"/> For Summer <input type="checkbox"/> Other		
If Other, or less than a semester, please provide a brief explanation of the terms of your program.  _____ _____ _____		
How will you report progress in your program?  <input type="checkbox"/> Transcripts <input type="checkbox"/> Grade Report <input type="checkbox"/> Attendance Record <input type="checkbox"/> Performance Checklist <input type="checkbox"/> Other: (Be Specific): _____		

## #5 FINANCIAL INFORMATION

A. Expense Category (Please note living expenses per program term, i.e. semester, If program is less than 1 year, note total cost for length of program.)	Amount	B. Additional Support Items (specify, i.e. tutor, mentor, lab fees, uniform, adaptive equipment, etc.)	Amount
Tuition	\$	Computer/Printer (\$1500.00 max.)	\$
Fees	\$	Supplies/Software	\$
Books	\$	Other	\$
Transportation/term	\$	Other	\$
Rent/term	\$	Other	\$
Food/term	\$	Other	\$
Utilities/term	\$		
Child Care/term	\$		
Phone/term	\$		
Cable/Internet/term	\$		
Clothing/term	\$		
Personal Care/term	\$		
Enrichment/term	\$		
Other (specify)	\$		
Other (specify)	\$		
<b>Total (A)</b>	<b>\$</b>	<b>Total (B)</b>	<b>\$</b>
<b>C. TOTAL COST OF ATTENDANCE (A) + (B)</b>			<b>\$ _____</b>
<b>D. Income (ILSP, Scholarships, etc.)</b>			
Pell Grant	\$	Other funds (cont'd)	
AZ Friends of Foster Care Scholarship	\$	*	\$
Student Loans	\$	*	\$
Expected Earnings/Work (per mo)	\$	*	\$
SSI/SSA	\$	*	\$
ILSP (foster care)	\$		
Other funds (specify)	\$		
*	\$		
*	\$	<b>Total Income (D)</b>	
<b>E. Total ETV Request</b>			
Be sure to attach award proof of FASFA (Free Application For Federal Student Aid) submittal and award letter, if available. <b>Address where check is to be sent:</b> _____ _____ _____	<b>Total Cost of Attendance (C) From above</b>		\$ _____
	<b>Total Income (D) From above</b>		\$
	<b>Total ETV Request (C) minus (D)  Date Needed: _____</b>		\$

## #6 VERIFICATION

I HEREBY CERTIFY that I will use the Education and Training Voucher funds only for expenses outlined in this application, and accept responsibility to participate fully in my educational program.

I UNDERSTAND that any misuse of funds, or lack of progress in my education program may result in termination of funding through this program.

I HEREBY CERTIFY that I am in need of financial assistance to continue my education. I affirm that I have fully read and completed the voucher application. I affirm the correctness of the foregoing answers and information provided on this application and supporting documents. If my financial conditions change from that stated in this application, I will promptly inform the AzETV Coordinator.

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Your Signature

Date

## #7 DID YOU REMEMBER:

**CHECK LIST NEW:** Documents Needed to Complete NEW Application (for new applicants)

- ☐ Completed ETV Application (this form)
- ☐ If currently enrolled in proposed school/program, copy of most recent transcript
- ☐ Copy of FAFSA (Free Application For Federal Student Aid) or summary report
- ☐ Copy of acceptance letter into proposed school/program
- ☐ Information on proposed course of study/school/program

**CHECK LIST RENEW:** Documents Needed to Complete RENEWAL Application (for continuing applicants)

- ☐ Completed ETV Application (this form)
- ☐ A copy of your most recent transcript (unofficial is O.K.)
- ☐ Any updated FAFSA report
- ☐ Verification of current education or training program registration

**Optional Information to Include:** Please attach all supplemental information you believe relevant to the consideration of your application

- ☐ High School or GED Diploma
- ☐ Transcripts (HS or GED)
- ☐ Other: Please feel free to attach any other information you believe appropriate